

# CLAIMS ONLY

Application Number

16765301

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep						
Total Depend						
Total Claims						

  

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

CLAIMS ONLY							Application Number		Filing Date			
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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43							93					
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47							97					
48							98					
49							99					
50							100					
Total Indep			8				Total Indep					
Total Depend			69				Total Depend					
Total Claims							Total Claims					